In re	Randolph S. Piloske Melissa R. Piloske	According to the calculations required by this statement:  The applicable commitment period is 3 years.
Case N	Debtor(s) Jumber:	☐ The applicable commitment period is 5 years. ☐ Disposable income is determined under § 1325(b)(3).
	(If known)	■ Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	COM	1E				
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
1	<ul> <li>a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.</li> <li>b. ■ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.</li> </ul>									
							ne'')	for Lines 2-10		
		gures must reflect average monthly income rec						Column A		Column B
		dar months prior to filing the bankruptcy case						Debtor's		Spouse's
	the filing. If the amount of monthly income varied during the six months, you must divide the							Income		Income
	six-month total by six, and enter the result on the appropriate line.							meome		Income
2		s wages, salary, tips, bonuses, overtime, con					\$	976.86	\$	3,000.00
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a an enter the difference in the appropriate column(s) of Line 3. If you operate more than one busines profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.									
	I	Construction	¢.	Debtor <b>0.00</b>	φ	Spouse				
	a. b.	Gross receipts Ordinary and necessary business expenses	\$	0.00		0.00 0.00				
	c.	Business income		btract Line b from			\$	0.00	\$	0.00
4	the ap	s and other real property income. Subtract leading propriate column(s) of Line 4. Do not enter a sof the operating expenses entered on Line b	as a	mber less than zero a deduction in Par Debtor	o. D rt IV	o not include any Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b. c.	Ordinary and necessary operating expenses Rent and other real property income	\$	0.00 btract Line b from		0.00	\$	0.00	d.	0.00
<u> </u>	-		St	ibtract Line o from	LIII	e a	<u> </u>		Ė	
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
6	Pensi	on and retirement income.					\$	0.00	\$	0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						0.00	\$	0.00	
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.  However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to					0.00				

9	international or domestic terrorism.						
		Debtor	Spouse				
	a. b.	\$  \$	\$		\$ 0.0	00 \$	0.00
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).	d, if Column B is comp	leted, add Lines 2 th	rough 9	\$ 976.8		3,000.00
11	<b>Total.</b> If Column B has been completed, add L the total. If Column B has not been completed				\$		3,976.86
	Part II. CALCULATI	ON OF § 1325(b)	(4) COMMITM	ENT P	PERIOD		
12	Enter the amount from Line 11					\$	3,976.86
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.  a. \$ b. \$ c. \$ \$ C. \$						
	Total and enter on Line 13					\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.						3,976.86
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.				number 12 and	\$	47,722.32
16	Applicable median family income. Enter the rinformation is available by family size at www.	usdoj.gov/ust/ or from	the clerk of the bank	cruptcy co	ourt.)		
			lebtor's household si	ze:	3	\$	61,715.00
17	<ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</li> <li>■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</li> <li>□ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</li> </ul>						
	Part III. APPLICATION OF	§ 1325(b)(3) FOR DE	TERMINING DISI	POSABI	LE INCOME	l	
18	Enter the amount from Line 11.					\$	3,976.86
19	Marital Adjustment. If you are married, but as any income listed in Line 10, Column B that w debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spoudependents) and the amount of income devoted separate page. If the conditions for entering this a.  b. c.	as NOT paid on a regu- ne lines below the basis use's support of persons to each purpose. If ne	ar basis for the hous for excluding the Co other than the debto cessary, list addition	sehold ex olumn B or or the	penses of the income(such as debtor's		
	Total and enter on Line 19.					\$	0.00
20	Current monthly income for § 1325(b)(3). Su	ıbtract Line 19 from Li	ne 18 and enter the r	esult.		\$	3,976.86

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						\$	47,722.32
22	Applic	able median family incom	e. Enter the amount from	rom Line 16.				61,715.00
Application of § 1325(b)(3). Check the applicable box and proceed as directed.  □ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is det 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.  ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income in 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete						f this statement. r "Disposable income is no	t detern	nined under §
		Part IV. CA	ALCULATION (	)F I	DEDUCTIONS FR	OM INCOME		
		Subpart A: Do	eductions under Star	ndar	ds of the Internal Rev	enue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.  Persons under 65 years of age  Persons 65 years of age or older							
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is				his information is le family size consists of turn, plus the number of	\$		
25B	not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your							
		home, if any, as stated in L Net mortgage/rental expens			Subtract Line b f	rom Line a.	\$	
26	25B do Standa	Standards: housing and uppersonant accurately computered, enter any additional and tion in the space below:	the allowance to which	you a	re entitled under the IRS	Housing and Utilities	\$	

	expenses of operating a vehicle and				
27A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. $\square$ 0	$\square$ 1 $\square$ 2 or more.			
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$		
27B	<b>Local Standards: transportation; additional public transportation</b> for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at <a href="www.usdoj.go.court.">www.usdoj.go.court.</a> )	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$		
	<b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) $\square$ 1 $\square$ 2 or more.				
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. <b>Do not enter an amount less than zero.</b>	court); enter in Line b the total of the Average			
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero.	e IRS Local Standards: Transportation court); enter in Line b the total of the Average ne 47; subtract Line b from Line a and enter			
	a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 2, as stated in Line 47	\$ Subtract Line b from Line a.	\$		
	c. Net ownership/lease expense for Vehicle 2  Other Necessary Expenses: taxes. Enter the total average monthly e		2		
30	state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. <b>Do not include real estate or sale</b>	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$		
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged deproviding similar services is available.	ion that is a condition of employment and for	\$		
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>		\$		
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. <b>Do not</b>	\$		

		onn 220) (chapter 13) (04/13)			
37	Other actuall pagers welfar	\$			
38	Total	Expenses Allowed under IRS Standards. Enter	the total of Lines 24 through 37.	\$	
	•	Subpart B: Additio	onal Living Expense Deductions		
		<u>=</u>	penses that you have listed in Lines 24-37		
		regories set out in lines a-c below that are reasona	Savings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your		
39	a.	Health Insurance	\$		
	b.	Disability Insurance	\$		
	c.	Health Savings Account	\$		
	Total a	and enter on Line 39		\$	
	If you below:		your actual total average monthly expenditures in the space		
40	Continued contributions to the care of household or family members. Enter the total average actual monthly				
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local				
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary				
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National			\$	
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable			\$	
	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.				

		Subpart C: Deductions for	Debt Payme	nt			
47	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and						
	Name of Creditor	Property Securing the Debt	Averag Monthl Paymer	y include taxes or insurance			
	a.		\$ Total: Add	☐yes ☐no	\$		
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in						
	Name of Creditor	Property Securing the Debt	\$	60th of the Cure Amount			
	a.		φ	Total: Add Lines	\$		
49	priority tax, child support and a	rity claims. Enter the total amount, divid alimony claims, for which you were liable as, such as those set out in Line 33.			\$		
	Chapter 13 administrative ex resulting administrative expens	<b>penses.</b> Multiply the amount in Line a by e.	the amount in L	ine b, and enter the			
50	a. Projected average monthly Chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  c. Average monthly administrative expense of chapter 13 case  Total: Multiply Lines a and b				\$		
51	Total Deductions for Debt Pa	yment. Enter the total of Lines 47 throug	h 50.		\$		
		Subpart D: Total Deduction	s from Incor	ne			
52	Total of all deductions from i	<b>ncome.</b> Enter the total of Lines 38, 46, ar	d 51.		\$		
	Part V. DETE	RMINATION OF DISPOSABLE	E INCOME	UNDER § 1325(b)(2	(3)		
53	Total current monthly income. Enter the amount from Line 20.						
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.						
Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).					\$		
56	Total of all deductions allowe	d under § 707(b)(2). Enter the amount for	rom Line 52.		\$		

	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.					
57	Nature of special circumstances	Nature of special circumstances Amount of Expense				
	a.	\$				
	b.	\$				
	c.	\$				
		Total: Add Lines	\$			
58	Total adjustments to determine disposable income.	Add the amounts on Lines 54, 55, 56, and 57 and enter the				
36	result.		\$			
59	59 <b>Monthly Disposable Income Under § 1325(b)(2).</b> Subtract Line 58 from Line 53 and enter the result.					
	Part VI ADDI	ITIONAL EXPENSE CLAIMS				

**Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60

61

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
d.		\$
	Total: Add Lines a, b, c and d	\$

## Part VII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: April 18, 2013 Signature: /s/ Randolph S. Piloske

Randolph S. Piloske

(Debtor)

Date: April 18, 2013 Signature /s/ Melissa R. Piloske

Melissa R. Piloske

(Joint Debtor, if any)